

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	INITIAL ORDER FOLLOWING HEARING ON PETITION FOR ASSISTED OUTPATIENT TREATMENT	FILE NO.
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In the matter of _____

Court ORI	Date of birth	Race	Sex	Current address of individual
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1. Date of Hearing: _____ Judge: _____ Bar no. _____

2. A petition has been filed by _____ under MCL 330.1433 asserting
Petitioner name (type or print)
 that the above named individual is a person requiring treatment.

3. Notice of hearing has been given according to law.

☐ was present in court.

☐ with

4. The individual was ☐ not present for reasons stated on the record.

The hearing was ☐ without a jury.

Present were: _____, attorney for the individual, and
 _____, attorney for the petitioner.

☐ 5. Testimony of a physician was waived by the individual and the individual's attorney.

6. ☐ Testimony was given by _____

☐ Testimony was not given because the parties stipulated to entry of the order.

THE COURT FINDS:

☐ 7. By clear and convincing evidence, the individual is a person requiring treatment because the individual has a mental illness, and as a result of that mental illness the individual's understanding of the need for treatment is impaired to the point that he or she is unlikely to participate in treatment voluntarily.

☐ 8. The individual is currently noncompliant with treatment, recommended by a mental health professional, that has been determined to be necessary to prevent a relapse or harmful deterioration of the individual's condition, and the individual's noncompliance with this treatment has been a factor in his/her placement in a psychiatric hospital, jail, and/or prison at least 2 times within the last 48 months and/or in committing one or more acts, attempts, or threats of serious violent behavior within the last 48 months.

9. The individual ☐ is ☐ is not scheduled to begin a course of outpatient mental health treatment that includes case management services or assertive community treatment team services.

10. There is an existing ☐ advance directive. ☐ durable power of attorney. ☐ individual plan of services developed under MCL 330.1712.

11. The individual ☐ is ☐ is not a person requiring treatment.

SEE SECOND PAGE

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IT IS ORDERED:

- ☐ 12. The individual receive assisted outpatient treatment through the _____
Name of the local community mental health services program
- local community mental health services program to expire on _____. Case management services shall be
provided as follows: _____
Date

- ☐ Additionally, one or more of the following is ordered: (see MCL 330.1433(3) for specific provisions that may be ordered):

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- ☐ 13. To fulfill the requirements of the above treatment plan, _____ shall: (specify role) _____
Publicly-funded entity other than the community mental health services program

14. Unless the petition is denied, dismissed, or withdrawn, the Michigan Department of State Police shall immediately enter the individual's identifying information in this court order on the law enforcement information network.

- ☐ 15. The petition is ☐ denied on the merits. ☐ dismissed/withdrawn.

Date _____

Judge _____